

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

57 0 2 3 2 5 7
State File No.

FILED JUL 9 1957

BIRTH NO.		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6154		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Essex Richland Twp.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Essex Richland Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1				d. STREET ADDRESS (If rural, give location) Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Jay		b. (Middle) Hue		c. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov. 15, 1890		9. AGE (In years last birthday) 66 If under 1 year: Months Days If under 1 hr.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY Flour mill		11. BIRTHPLACE (City and State or Foreign Country) Wayne City, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Wood		13b. MOTHER'S MAIDEN NAME Martha Henson		14. NAME OF HUSBAND OR WIFE never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha McConnaughay Essex, Mo. R. 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lungs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561				INTERVAL BETWEEN ONSET AND DEATH 6 months 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-2-1952, to 6-26-1957, that I last saw the deceased alive on 6-26-1957, and that death occurred at 6:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James B. Cameron M.D.		23b. ADDRESS Bloomfield Mo.		23c. DATE SIGNED 6-29-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-29-57		24c. NAME OF CEMETERY OR CREMATORY Idalia cemetery		24d. LOCATION (City, town, or county) (State) Idalia, Mo.	
DATE REC'D BY LOCAL REG. 7-2-57		REGISTRAR'S SIGNATURE Mrs. George L. Baker		25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marsh Watkins

Licensed Embalmer No.

4717

P. O. Address

Seiter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.